

For your

Your
BenefitsConnection
Group Insurance Commission

BENEFIT

Published quarterly by the GROUP INSURANCE COMMISSION for active and retired employees of the Commonwealth of Massachusetts

Jane Swift, Governor

Robert W. Hungate, Chairman

Dolores L. Mitchell, Executive Director

Fall 2002

GROUP INSURANCE COMMISSION

*Providing Massachusetts State
Employees, Retirees, and Their
Dependents with Access to
Quality Care at a
Reasonable Cost*

Inside This Issue of FYB:

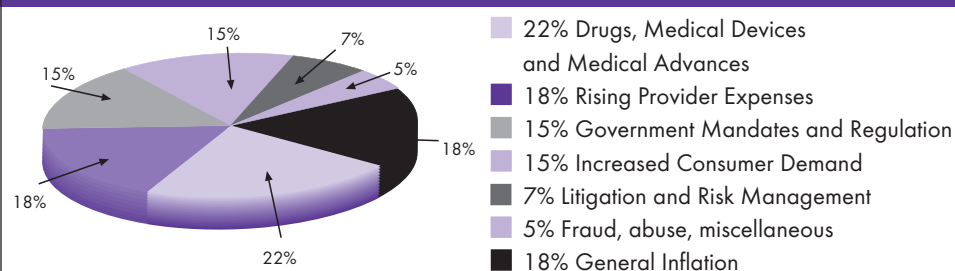
- Exercise Brings Relief to Arthritis Sufferers
.....page two
- Out-of-State Non-Medicare Indemnity Plan News
.....page three
- Long Term Care Study Update
.....page four
- Generic Drug Delays Affect Your Wallet
.....page four
- The GIC Welcomes New Commissioner Suzanne Bailey
.....page five
- State Employees' Children Awarded \$2500 Scholarships
.....page five
- DCAP Open Enrollment
.....page five
- If You're Stressed Out Now Is The Time to Take Charge
.....page seven

What's the Problem with Health Care Costs and What Are Others Doing About It?

Rising health care costs are in the news daily. If you have skipped by these articles, or glossed over them, here's the problem in a nutshell - health care cost escalation is back, and it is causing employers grave concern about how to deal with this serious problem. A Mercer Human Resource Consulting survey revealed that average employer health care costs nationwide rising 13 percent this year; they are expected to increase 15 percent next year.

So why are costs skyrocketing? According to an April 2002 PricewaterhouseCoopers analysis, the following factors comprise rising health care costs:

Factors Driving Costs in Health Care Premiums (2001-2002)



Source: PricewaterhouseCoopers, April 2002

continued on page 2

FY03 Budget Bulletin

In the last few hours of this year's formal legislative sessions, the legislature decided against making any substantive changes in the way premiums are paid by the Commonwealth and GIC enrollees.

Click on It



WWW.MASS.GOV/GIC

For the Latest GIC News and Benefit Information

What's the Problem with Health Care Costs and What Are Others Doing About It? continued from page 1

Medical advances and prescription drugs have been a boon to improved quality of life, but their costs are the biggest factor driving health care costs. Consolidations of hospitals and other providers have given them greater leverage in negotiating costs with insurers. There are over 1,500 legislative health coverage mandates at the state and federal level, each with its own cost. An aging population is increasing demand for new medications and costly procedures. The median malpractice award increased to \$1 million in 2000; corresponding malpractice insurance premiums have skyrocketed.

The Employer Response

A Massachusetts Business Roundtable-sponsored white paper published in May 2002 recommended that companies encourage sharing responsibility and costs for health care with their employees. A *Boston Globe* editorial countered that employers and employees need to work to improve medical incentives, while keeping the concept behind insurance - shared responsibility and risk - intact.

Employers are searching for cost control alternatives and health plans are offering more options to assist. Harvard Pilgrim Health Care and Blue Cross Blue Shield recently introduced high-deductible health plans. Under this plan type, employees pay annual deductibles of \$1000 to \$5000 before their health coverage kicks in. Tufts Health Plan is expected to offer a similar plan. Tufts Health Plan and

Harvard Pilgrim Health Care offer benefit design options where employees pay higher copayments for surgery at academic teaching hospitals versus less expensive community hospitals.

Minnesota-based Patient Choice is testing the Massachusetts market with a plan to offer employers direct contracting with providers. Patient Choice would offer different priced networks. Participating employers would cover lower cost networks; employees who want their medical care with more expensive doctors and hospitals would pay more.

Defined Benefit Plans, the industry standard, are also being modified. Under defined benefit plans, enrollees pay a fixed percentage of the premium with a set array of benefits. One major area university now tiers premiums based on employee salary; higher paid employees contribute more towards health insurance than lower paid employees.

An increasing number of employers are considering Defined Contribution Plans. Textron, Xerox, and Staples are among the early adopters of this option. In most Defined Contribution Plans the employee is responsible for premium and out-of-pocket medical expenses above the employer's fixed dollar contribution. If the enrollee selects a more expensive plan, he or she is responsible for the cost difference. Defined Contribution Plans come in different variations, such as medical savings accounts, where unused funds can be rolled into the next year, and medical spending accounts, with a "use or lose" provision.

These are all options being considered and evaluated by employers around the country. The GIC is keeping an eye on how these plans actually work out in practice.

Exercise Brings Relief to Arthritis Sufferers

For the more than 43 million arthritis sufferers, exercise can help minimize pain. Although seemingly counterintuitive, exercise helps reduce common arthritis symptoms including weak muscles, stiff joints, reduced mobility, and lost vitality. Exercise helps promote overall health and fitness, which gives arthritis sufferers more energy, controls their weight, decreases depression, and improves sleep. It also helps stave off other health problems such as heart disease and osteoporosis.

There are more than one hundred types of arthritis, with osteoarthritis and rheumatoid arthritis as the most prevalent. All forms of arthritis are characterized by joint and musculoskeletal pain. There are more than 100 joints connecting the body's 206 bones. The bones are tied

together by ligaments and capped with cartilage. Cartilage acts as a shock absorber. In osteoarthritis, which affects 20.7 million Americans, the cartilage breaks down, or is destroyed, causing the bones to rub together. Rheumatoid Arthritis, affecting 2.1 million Americans, is an autoimmune disease; the patient's immune system attacks the lining, or synovial membrane, of the joints. Other forms of arthritis affect another 20 million Americans.

In the past, doctors advised arthritis patients to rest and avoid exercise. Now research shows that an appropriate exercise program is very important in avoiding the complications caused by inactivity. Doctors recommend a combination of the following types of exercise:



continued on page 3

Exercise Brings Relief to Arthritis Sufferers *continued from page 2*

- ◆ Flexibility or stretching - these improve range of motion and are usually recommended to be performed daily, even during flare-ups, when pain is more acute.
- ◆ Muscle conditioning - Strength and endurance benefits can come from working with raising an arm or leg against gravity, lifting weights, using weight machines or elastic bands. Doctors generally recommend this type of exercise every other day, but recommend that they be avoided during flare-ups.
- ◆ Aerobic Conditioning - Aerobic exercise improves heart, lung and muscle functioning. Swimming and aquatics are frequently recommended for arthritis patients. The Arthritis Foundation's web site (www.arthritis.org) has a searchable Arthritis Chapter Directory, which includes area water exercise programs. Other recommendations may include walking, bicycling, or playing golf.

If you have arthritis, consult with your doctor before beginning an exercise program to find out which forms of exercise are best suited to your condition. Your doctor may refer you to a physical or occupational therapist who can show you proper techniques and precautions. Remember to obtain pre-authorization from your health plan (Indemnity) or a referral (PPO and HMOs) for these services.

As with any health condition, be sure to follow your doctor's orders:

- ◆ Take medications as prescribed
- ◆ Eat a variety of foods including lots of vegetables, fruits and grain products
- ◆ Use salt and alcohol in moderation
- ◆ Maintain an ideal weight
- ◆ Use assistive devices when needed, such as a brace or cane

The following GIC health plans offer arthritis management programs for members:

Harvard Pilgrim Health Care Arthritis Management Program participants have access to a Certified Rehabilitation Nurse Specialist who will provide support, education and clinical collaboration between the Harvard Pilgrim Care Management Team and the Specialty Care Provider. See www.harvardpilgrim.org or call 617-509-1280.

Health New England's Living Well Program is a six-week course program focusing on self-management techniques such as developing a personalized action plan which can include improving nutrition and physical activity. Call 1-800-842-4464 ext. 3300.

Out-of-State Non-Medicare Indemnity Plan News

The Indemnity Plan implemented schedule-based payments for all **non-**Massachusetts providers effective July 1. (This change does not apply to Medicare enrollees.) This payment change was necessitated because out-of-state providers were charging the Plan **up to twice** as much as what other plans were paying for the same service. For example, Massachusetts providers, among the highest paid in the country, receive on average \$13,045 for a hip replacement. Out-of-state providers were charging the Plan an average of \$22,848 for the same service.



Some out-of-state providers may "balance bill" members, charging the difference between the fee schedule and the charges they submit to the plan. Indemnity Plan members can avoid being balance billed by taking advantage of UniCare's nationwide provider network. If you move out of state, you must contact the Plan to notify them of the address change in order to receive the network card for your new location. UniCare will send you your area's provider network card and directory.

- ◆ Enrollees who live in Rhode Island and New Hampshire can avoid being balance billed by using the PLUS network or a Massachusetts provider. Call the Commonwealth Service Center (1-800-442-9300) or visit the Plan's web site (www.plusaccess.com) for the PLUS providers in your area.
- ◆ UniCare will contact parents whose children have student coverage for out-of-state address confirmation. The Plan will provide corresponding network information.
- ◆ If your out-of-state provider is not in the UniCare network, encourage him or her to join by calling the Commonwealth Service Center for more information.
- ◆ If you don't use a network provider, talk to your out-of-state provider about his/her charges. It never hurts to have an honest discussion about prices, especially when they appear to be inflated.

Long Term Care Study Update

The GIC recently studied the feasibility of offering an enrollee pay-all Long Term Care (LTC) product. Long Term Care covers some of the costs of services needed if you develop a chronic illness or cognitive impairment. Policies vary from providing nursing home or home health care only, to comprehensive coverage, which includes assisted living, home and community care.

The study, conducted by the GIC's consultant, Boston Benefit Partners, found that the projected premiums would undoubtedly be high, limiting the program's appeal to enrollees with salaries or pensions at the higher end of the scale. The study also found that the success of the program would require considerable GIC staff resources and implementation costs, which under the current budgetary constraints was not a realistic possibility. However, the Commission will conduct focus groups and surveys to pursue future alternatives.



Generic Drug Delays Affect Your Wallet

Generic prescription drugs are beneficial for enrollees and for the GIC. They contain the same active ingredients in the same dosage forms and strengths as the brand name drug and are approved by the U.S. Food and Drug Administration (FDA) as safe and effective. Enrollees pay the lowest copays for generic drugs (saving up to \$100 per prescription depending on health plan), while also helping the Commonwealth to save on its drug costs. However, sometimes only brand name drugs are available for certain illnesses and conditions, even though the original patent periods have expired. This sometimes occurs because drug manufacturers obtain patent extensions on their brand name drugs, which slows down the introduction of less expensive generic drugs.

Drug companies develop new drugs under patent to protect their investment in research, development, marketing and promotion. While the patent is in effect only the company has the right to sell its drug. Critics assert that the "effective" patent life of brand name drugs has risen from 8 years (1984) to 14 years (the present), although drug manufacturers dispute this. They have been successful in extending these patent dates by:

- ◆ Testing to accommodate a new use for the medication
- ◆ Changing the drug's formulation (e.g. from tablet to capsule)
- ◆ Introducing additional strengths (dosage)
- ◆ Adding new ingredients (e.g. reducing existing side effects)

The Hatch-Waxman Act was enacted in 1984 to speed up the entry of generic drugs and encourage competition between companies producing generic and brand name drugs. This legislation was effective in increasing the number of generic prescriptions prescribed. The percentage rep-

resented less than 20% of the market in 1984 and represents almost 50% today. However, generics only represent 8.2% of the dollars spent, demonstrating the cost disparity between brand name drugs and generics. According to the 2001 Federal Trade Commission Health Care Antitrust Report, brand companies sometimes make deals with generic drug companies. Under this arrangement, the generic company allegedly agrees not to produce the generic drug in return for compensation from the brand-name company, adding to the effective patent life of that drug.

Taking generic drugs or drugs on your Plan's formulary list will save you money. Remember to bring your drug formulary list with you to your doctor's visit. The GIC's HMOs and our pharmacy program for Indemnity and PPO members offer preferred brand name drugs with lower copayments than non-preferred brand name drugs. The GIC Pharmacy program's formulary is also available on www.express-scripts.com.

Great News of the Leapfrog Front from Beth Israel Deaconess Medical Center

Beth Israel Deaconess Medical Center reported their current and projected compliance with the Leapfrog Group's standards proven to reduce medical mistakes:

- ◆ Use of computerized prescription systems (computer physician order entry – CPOE)
- ◆ Volume experience for certain high-risk conditions and procedures
- ◆ Staffing Intensive Care Units (ICUs) with board-certified critical care physicians

The GIC Welcomes New Commissioner Suzanne Bailey



The GIC welcomed new Commissioner, Suzanne Bailey, Designee for Julianne Bowler, Commissioner of Insurance.

The GIC recently welcomed our newest member, Suzanne Bailey, designee for Julianne Bowler, Commissioner of Insurance. Commissioner Bailey is responsible for the review of managed care company financial filings and statutory license renewal of managed care plans for the Division of Insurance. She brings a strong health care, government, regulatory, audit, and financial background to the Commission. A Certified Public Accountant (CPA), she was a Pricing and Budget Administrator for Blue Cross and Blue

Shield of Massachusetts. She also was Director of the Hospital Bureau for the Commonwealth's Rate Setting Commission, now known as the Division of Health Care Finance and Policy.

"As one of the largest purchasers of health care in the Commonwealth, the Commission has an opportunity to be innovative in finding solutions for our seemingly incompatible goals of providing quality care at reasonable costs; I am strongly committed to both," said Commissioner Bailey. "As a Commissioner, the breadth of my experience in evaluating cost proposals and contract performance will help ensure that the tough decisions that lay ahead are only made after all viable options are fully evaluated," she stated.

Welcome Commissioner Bailey!

Save Taxes with DCAP - Open Enrollment November 4 - December 12

Open enrollment for the GIC's Dependent Care Assistance Program (DCAP) starts Monday, November 4 and ends Thursday, December 12 for benefits effective January 1, 2003. DCAP allows employees to pay for certain dependent care expenses, such as daycare or after school programs, with before-tax dollars. For most employees, DCAP provides a better tax benefit than is available to you as an individual taxpayer. Expenses must be necessary to enable you or your spouse to be gainfully employed, seeking employment, or attending school full-time.

Before you enroll, figure out how much you want to contribute for the coming year. Employees can contribute up to \$5000 each calendar year. Money not spent is forfeited at the end of the year. The amount you elect is deducted proportionally from your paycheck. Participants submit receipts to Sentinel Benefits, the program administrator. Sentinel processes reimbursement claims daily and sends direct deposits to the employee's financial institution on a weekly basis.

To determine how much you will save with DCAP, use the flexible-spending calculator on Sentinel's web site, which is linked to the DCAP section of our web site. See your DCAP/Payroll Coordinator for DCAP brochures and an enrollment form, or visit our web site: www.mass.gov/gic.

State Employees' Children Awarded \$2500 Scholarships

Tufts Health Plan, the administrator of the Commonwealth PPO, awarded two \$2500 Scholarships to children of Commonwealth of Massachusetts employees. The winners are covered under a GIC health plan, have a minimum GPA of 3.0, and a demonstrated interest in a career in public service or health care.

Catherine Sullivan is the daughter of Charles Sullivan, working for the Department of Social Services. Catherine is a student at Duke University majoring in Pre-Medicine and Women's Studies.

Grace Ai-Mei Fong is the daughter of Katherine Fong, working for the University of Massachusetts Medical Center. Grace is a student at the University of Rochester. She is majoring in Pre-Medicine and Economics.

Congratulations Catherine and Grace!



"On behalf of our mother, Jane H. Wells, it is with fond memories and heartfelt appreciation that we document Jane's most enthusiastic appreciation for the insurance coverage and medical services provided during her struggle with pancreatic cancer. Jane was an employee of the Commonwealth in the Massachusetts Office of Dispute Resolution for more than ten years. Shortly before her death, she requested we add up the invoices to arrive at a total cost for her care. Jane wanted us to know the true cost and she urged us to write a letter thanking you and the GIC for the service rendered.

Mom made the most of every hour after her initial diagnosis. We did the math: \$192,000 for two years and three months between her diagnosis and her death. A cost of around \$9.50 per hour she lived. I promise you, the money invested in Jane Wells from September 1999 to January 2002 was made the most of in every way. At the end, Mom had a whisper of praise and thanksgiving on her lips for the services provided by the GIC. We offer you those thanks and add our own heartfelt gratitude."

With warmest regards, John H. Wells and S. Moriah Wells, San Carlos, CA

"Reference is made to the Altus Dental Plan for retirees. It appears that the Legislature and Retired State and County and Municipal Employees Associations have forgotten the retirees when they approved such a ridiculous dental plan. One can never recover what he puts into the plan. Two people pay \$925.92 and the maximum benefit is \$750 per calendar year. Why can't we at least get what state employees are receiving?"

F. Arria, Medford, MA

Editor's note: The maximum benefit for two people is \$1500 per calendar year. Active state plans are covered in whole or in part by appropriated funds. The retiree dental plan has no appropriation of state funds, and is therefore more costly to participating enrollees.

"I am writing to let you know how much I appreciate my GIC Indemnity Plan. My husband's case manager was Sally Ryder, who was always kind, understanding and helpful. The insurance covered all (my husband's) needs so I could care for him at home (before his death). What a relief that was for me! I am truly grateful for all that was done for my husband and me by the people at GIC. Thank you all."

Sincerely, J. Thompson, Cohasset, MA

The GIC recently introduced a new hospital research tool in cooperation with CIGNA HealthCare. Enrollees can do their own research about area hospitals by logging onto the "Your Health" section of our web site and entering "GIC" and "MA" as the user name and password, respectively. The site provides condition or disease-specific hospital comparisons based on the number of patients treated, hospital mortality rates for specific illnesses and procedures, unfavorable outcomes, average number of days spent in the hospital, and average hospital charges. One person expressed his concern with the results.

"There are real problems with Baystate Medical Center in Springfield data set for carotid and aortic aneurysm surgery. My partners and I basically (perform all of the surgeries) and I found glaring errors."

J. Kaufman, MD, Springfield, MA

Editor's note: The data reported on the Select Quality Care web site is submitted by hospitals themselves to the Division of Health Care Finance and Policy each year. The writer was advised to check with his hospital to confirm what was submitted.

The GIC welcomes your feedback. We will include selected letters in our newsletter. Or, submit a letter and request that we not reprint it. The GIC reserves the right to edit your comments for clarity and space considerations. All letters must be signed with your name and address. Send Letters to the Editor to [Cynthia McGrath](#), Editor, *For Your Benefit*, Group Insurance Commission, PO Box 8747, Boston, MA 02114-8747.



GIC staff celebrated Operations Director Nancy Bolduc's forty years of service with a potluck luncheon. Dolores L. Mitchell (left), GIC Executive Director, presented Nancy with a print of the State House signed by all GIC staff.



If You're Stressed Out Now Is the Time to Take Charge

Many state employees are feeling tremendous stress right now. Budget as well as layoff concerns often mean employees are struggling with decreased staff and increased workloads. This can lead to balancing work and life issues, job security and financial concerns. Sue Cooper, the GIC's EAP Coordinator for agency supervisors and managers, recommends the following tips for taking charge of your life:

- ◆ Communicate regularly with your boss. Talk with your manager about what change will mean for you. Explore training opportunities to help meet new job demands and learn new systems.
- ◆ Prioritize your needs and wants. Pay off your debts before adding to them and defer large purchases. Use LifeBalance® and your health plan EAP benefits for debt counseling.
- ◆ Take care of yourself. Keep doctor appointments. Stay on top of preventive health exams. Schedule enough time to sleep. Eat right and exercise.
- ◆ Think ahead to holiday purchases and travel plans. Explore alternative gift giving such as gift grabs or donating to charity in lieu of individual gifts. Delegate holiday responsibilities, such as planning a pot-luck dinner instead of assuming the entire dinner burden.
- ◆ Prepare for the unexpected. Keep your resume updated and continue to network.
- ◆ Set limits on commitments and activities. Don't procrastinate about finishing tasks.
- ◆ Maintain friendships. Steer clear of people who continually engage in negative conversation. Spend time with people you like and can help you relax and keep workplace issues in perspective.

All GIC enrollees have access to the LifeBalance® telephonic and web-based resource for everyday concerns such as parenting and childcare, emotional well-being, home repairs and financial issues. For additional stress management assistance, contact your Plan. Indemnity and PPO members contact United Behavioral Health. Managers and supervisors can access stress assistance for their employees by calling Sue Cooper. (See next column for phone numbers and web sites.)

Benefit Access

Indemnity & PPO Plans

| | |
|--|--|
| GIC Indemnity Plan, | 1-800-442-9300 |
| GIC Indemnity Plan PLUS | www.plusaccess.com |
| GIC Indemnity Medicare Extension (UniCare) | |
| Commonwealth PPO (Tufts) | 1-800-870-9488 www.tuftshealthplan.com |
| Mental Health, Substance Abuse, EAP (UBH) | 1-888-610-9039 www.unitedbehavioralhealth.com |
| Prescription Drugs (Express Scripts) | 1-877-828-9744 www.express-scripts.com |

GIC HMOs

| | |
|---|---|
| CIGNA HealthCare | 1-800-244-1870 |
| CIGNA CentralCare | www.cigna.com |
| Fallon Community Health Plan, Fallon Senior Plan Preferred | 1-800-868-5200 www.fchp.org |
| Harvard Pilgrim Health Care Preferred 65 | 1-800-333-4742 www.harvardpilgrim.org |
| First Seniority | 1-800-421-3550 |
| Health New England, Health New England MedRate | 1-800-310-2835 www.healthnewengland.com |
| Neighborhood Health Plan | 1-800-462-5449 www.nhp.org |
| Tufts Health Plan, Tufts Medicare Complement, Tufts Secure Horizons | 1-800-462-0224 www.tuftshealthplan.com 1-800-867-2000 |

Other Benefits

| | |
|---|---|
| Employee Assistance Program (EAP) Accessed by Managers and Supervisors | 617-558-3412 www.unitedbehavioralhealth.com |
| Dependent Care Assistance Program (DCAP) | 1-800-819-9833 |
| Sentinel Benefits | mass.gov/gic/dcap.htm |
| Long Term Disability CNA | 1-866-847-6343 www.maemployeesltd.com |
| Life Insurance and AD&D | Call the GIC x801 mass.gov/gic/lifeinsurance.htm |
| LifeBalance® (password and ID: lifebalance) | 1-800-654-1446 www.lifebalance.net |
| Medicare | 1-800-633-4227 www.medicare.gov |
| State Retirement Board | 1-617-367-7770 mass.gov/treasury/srb.htm |
| GIC Retiree Dental Plan | 1-877-223-0588 www.altusdental.com |
| GIC Retiree Vision Discount Plan | 1-800-783-3594 www.davisvision.com |
| Dental Benefits for Managers, Executive Office and Legislative Staff only | 1-800-553-6277 www.deltamass.com |
| Vision Benefits for Managers, Executive Office and Legislative Staff only | 1-800-650-2466 www.davisvision.com |
| Group Insurance Commission (GIC) | 1-617-727-2310 mass.gov/gic |
| TDD/TTY Access | 1-617-227-8583 |

For Your Benefit is published quarterly by the
Commonwealth's GROUP INSURANCE COMMISSION
Dolores L. Mitchell, Executive Director
Cynthia McGrath, Editor



GIC Reminders



Retirement and Turning Age 65

- ◆ Before you retire, call or visit the State Retirement Board (617-367-7770) or your local retirement board for retirement counseling.
- ◆ Before you retire, evaluate your health and optional life insurance options. See your GIC Coordinator for GIC forms and return completed forms to your GIC Coordinator.
- ◆ If you are 65 or over, call or visit your local Social Security Office for confirmation of Social Security and Medicare benefit eligibility: www.ssa.gov. If eligible and if you continue working after age 65, you should enroll in Medicare Part A. If eligible and if you are retired, you must enroll in Medicare Parts A and B.

The spouse of an active employee who is 65 or over should sign up for Medicare Part A when he or she (the spouse) reaches age 65 and must sign up for Medicare Parts A and B when the employee retires.

Notify the GIC when you:

- ◆ Marry
- ◆ Divorce
- ◆ Have a child
- ◆ Move

Failure to notify the GIC of these changes, such as divorce, may result in financial penalties.

GIC ID Number

Active employees may use a number other than their Social Security Number for their GIC identification number. If you are an active employee and wish to have a different number, please request the change in writing, along with your full name, address and Social Security Number. Write to Nancy Bolduc, Director of Operations and Services, Group Insurance Commission, PO Box 8747, Boston, MA 02114-8747.



inside...

- ▶ What's The Problem with Health Care Costs?
- ▶ Out-of-State Non-Medicare Indemnity Plan News
- ▶ Save Taxes with DCAP - Open Enrollment Nov. 4 - Dec. 12
- ▶ Exercise and Arthritis

Providing Massachusetts State Employees, Retirees, and Their Dependents with Access to Quality Care at a Reasonable Cost

GROUP INSURANCE COMMISSION

COMMONWEALTH OF MASSACHUSETTS

P.O. BOX 8747 • BOSTON MA 02114-8747

PRSRT STD
Postage Paid
Boston, MA
Permit #53295